



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

10 APR -5 PM 12:34

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

North Shore Realty

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Deborah L Lasher

290 Arrowhead Dr.

P.O. Box 7

Cocolalla, ID 83813

3. The general type of business transacted under the assumed business name is:

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

North Shore Realty
Deborah Lasher
P.O. Box 7
Cocolalla, ID 83813

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

000 6 x 06 001 0 000

1 06 00 00

11 01A P.O. Box

01 00 00 83720

Boise, ID 83720

0080

5. Name and address for this acknowledgment copy is (if other than #4 above):

Signature: _____

(signature required)

Printed Name: _____

Deborah Lasher

Capacity/Title: _____

Realtor

(see instruction # 8 on back of form)
(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
04/06/2010 05:00
CK: 5018 CT: 150018 BH: 1216362
1 @ 25.00 = 25.00 ASSUM NAME # 2

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